



PERSONAL ONLINE BANKING ENROLLMENT FORM

To support LaPorte Savings Bank Online Banking, your Internet Browser must be 4.0 or higher and support HTML 4.1 or higher. Please print and complete this form.

After processing your form(s), your password will be emailed to you within 5-7 business days.

CUSTOMER INFORMATION *(*Designates required information.)*

*First and Last Name

Date of Birth (MM/DD/YYYY)

*Address

Number of Household Members

*City, State, Zip

Please select from the following:

- Single Married Widowed
- Male Female
- Asian Caucasian Hispanic
- African American Other

Phone Number

Education Level Completed: _____

*Primary Checking Account Number
(This account will be debited for any fees associated with Online Banking.)

Household Income: _____

*E-Mail

*Social Security Number

*Security Code Question: *(Select one from the list below)*

- Favorite Pet's Name
- Mother's Maiden Name
- Father's Middle Name

*User Login ID:
(Must contain 6-10 lowercase alphabetic or numeric characters)
After processing your form(s), your password will be emailed to you within 5-7 business days.

*Security Code Answer: _____

All accounts that are associated with your Social Security Number will be accessible through Online Banking. Checking and Statement Savings Accounts will have full access, including the ability to transfer to and transfer from your LaPorte Savings Bank accounts. All other accounts will have restricted access.

PLEASE NOTE: YOU MUST BE AN AUTHORIZED OWNER OF THESE ACCOUNTS.

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application regardless of whether or not it is approved.

Applicant Signature: _____ Date: _____

Please print and complete this application. Mail or bring it to:

**The LaPorte Savings Bank
Online Banking Department
710 Indiana Avenue
P.O. Box 548
LaPorte, Indiana 46352**

FOR INTERNAL USE ONLY

Application Received by: _____ Date: _____